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## EXPEDITED PROCEDURE - AMENDMENT AFTER FINAL

### TELECOPY

COGNIS CORPORATION  
300 BROOKSIDE AVENUE  
AMBLER, PA 19002  
USA

DATE: April 7, 2005

TO:  
Name: Examiner G. Krishnan, USPTO  
Art Unit 1623

Fax No.: 703-872-9306

FROM:  
Name: A. Seifert, Ambler, PA

Fax No.: 215-628-1345

NUMBER OF PAGES 17 INCLUDING THIS COVER PAGE.

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\*\*\*\*\*

Re: Serial No. 10/030,974 filed May 13, 2002  
Attorney's Docket: H 4172 PCT/US

- Request for Reconsideration with Amendment Under 37 CFR §1.116 (11 pages)
- Terminal Disclaimer (2 pages)
- Request for Extension of Time (2 pages)
- Fee Transmittal (1 page)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004  
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27  
**TOTAL AMOUNT OF PAYMENT** (\$ **300.00**)

### Complete if Known

Application Number	10/030,974
Filing Date	May 13, 2002
First Named Inventor	Heilemann, Andrea
Examiner Name	Ganapathy Krishnan
Art Unit	1623
Attorney Docket No.	H 4172 PCT/US

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-1177**; Order Number: **05-0136** Deposit Account Name: \_\_\_\_\_

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility - Nat'l. Stage	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
22	- 20 or HP = 2	x 50	= 100	Fee (\$)	Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x 200	= 200

HP = highest number of total claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/50 = 0	(round up to a whole number) x 250	= 0

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

Other: \_\_\_\_\_

#### SUBMITTED BY

Signature	Arthur G. Seifert	Registration No. (Attorney/Agent)	28,040	Telephone	215-628-1129
Name (Print/Type)	Arthur G. Seifert			Date	April 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.